



# VILLAGE OF WAPPINGERS FALLS

Office Of Building, Planning & Zoning

Office of Code Enforcement / Office of The Fire Inspector

7 Spring Street, Wappingers Falls, NY 12590

Phone: (845) 297-5277 FAX: (845) 296-0379

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[www.wappingersfallsny.gov](http://www.wappingersfallsny.gov)

## 1203 BUILDING INSPECTION APPLICATION

### Part I

#### Property Owner/Building Information

Business Name/Property Use: \_\_\_\_\_

Property Address : \_\_\_\_\_

Zoning District: \_\_\_\_\_ Occupancy Class : \_\_\_\_\_

Tax Grid Number : # \_\_\_\_\_

Fire Department [ ☐ ] SW Johnson [ ☐ ] WT Garner

#### Building Description:

Number of stories above ground (circle one)      1      2      3      4      other \_\_\_\_\_

Number of residential units per floor (if applicable)    1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ other \_\_\_\_\_

Number of commercial units per floor (if applicable)    1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ other \_\_\_\_\_

Number of stories below ground (circle one)      0      1      2      other \_\_\_\_\_

Finished Basement      ☐ Yes      ☐ No

#### Owner Information: (must be filled out)

Owner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Legal Address of Owner: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

#### Corporation Owner/Partnership, etc:

Name of Corporation/Partnership: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Return this form by mail or in Person to:

Code Enforcement Department - 7 Spring Street, Wappingers Falls, NY 12590

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**1203 BUILDING INSPECTION APPLICATION**

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**Part I (Continued)**  
**Property Owner/Building Information**

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**Designation of Agent:** ( If the owner does not reside in the Village or adjacent county, a local agent must be designated that can be reach day or night).

**Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Telephone Numbers:**   Home ( \_\_\_\_ ) \_\_\_\_\_   Cellphone ( \_\_\_\_ ) \_\_\_\_\_

**Work** ( \_\_\_\_ ) \_\_\_\_\_                   **Fax** ( \_\_\_\_ ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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**Part II**  
**Signature of Property Owner/Authorized Representatives**

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I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

\_\_\_\_\_  
**Name and title, if applicable of person signing Application (please print)**

\_\_\_\_\_  
**Signature of Owner or Authorized Representatives Signature**

\_\_\_\_\_  
**Date**

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